Tunghai University
Faculty Advisor Visit Record and Evaluation Form for Student Off-Campus Internships

Department		**Student No.**		**Student Name**	
Internship evaluation period	From _____/____/____ to _____/____/____ (YYYY/MM/DD)				
Host Organization Name					
Internship location (address)					

1st Visit Record

Date of Visit: _____/____/_____ (YYYY/MM/DD) **Visiting Faculty Advisor:** _____

Visit method	☐ On-site visit ☐ Online / Video conference ☐ Telephone ☐ Other:_____

Item		**A+**	**A**	**B**	**C**	**C-**
Host Organization	**Internship content aligns with the approved internship plan**					
	Workload complies with the internship agreement					
	Workplace and equipment safety					
	On-site mentor's guidance and support					
Intern	**Familiarity with assigned internship tasks**					
	Competence in task execution and job performance					
	Work attitude and professionalism					
	Interpersonal interaction and teamwork					

Student feedback:

Comprehensive evaluation:

2nd Visit Record

Date of Visit: _____/____/_____ (YYYY/MM/DD) **Visiting Faculty Advisor:** _____

Visit method	☐ On-site visit ☐ Online / Video conference ☐ Telephone ☐ Other:_____

Item		**A+**	**A**	**B**	**C**	**C-**
Host Organization	**Internship content aligns with the approved internship plan**					
	Workload complies with the internship agreement					
	Workplace and equipment safety					
	On-site mentor's guidance and support					

Intern	**Familiarity with assigned internship tasks**					
	Competence in task execution and job performance					
	Work attitude and professionalism					
	Interpersonal interaction and teamwork					

Student feedback:

Comprehensive evaluation:

Internship effectiveness assessment **Evaluating Faculty Advisor:**_____

Learning performance assessment			**Internship report assessment**		
Evaluation item	**Weight**	**Score**	**Evaluation item**	**Weight**	**Score**
Learning outcomes and effectiveness	15%		Report structure and formatting	10%	
Work attitude and professional values	15%		Professionalism and depth of content	10%	
Learning enthusiasm	15%		Learning reflections and recommendations	10%	
Regular communication and interaction	15%		Oral presentation	10%	
Subtotal (1)	**60%**		Subtotal (2)	**40%**	

Faculty Advisor's Score (1) + (2)	
Student Internship Hours (Required)	
Comments for the student	
Suggestions for future internship courses	

Signature of University Faculty Advisor: _____ Date: ____/____/____ (YYYY/MM/DD)

Instructions:

I. Supervision and Visits:

In accordance with the *Reference Manual for Promoting Off-Campus Internship Courses in Colleges and Universities* (amended per Ministry of Education Letter No. Tai-Jiao-Ji-Tong-1142302853 dated January 9, 2026), institutions must conduct at least one on-site supervision visit during the internship period and at least two on-site visits per semester. For overseas internships, the second visit and any subsequent visits may be conducted through non-on-site alternatives (e.g., remote/online). All supervision records must be properly documented and archived.

II. Submission Workflow:

Student completes basic internship details → Faculty advisor completes the visit record (drafts can be saved and printed) → Faculty advisor completes the assessment upon internship conclusion → Faculty advisor signs and uploads scanned copy to [tDrive Department Internship Evaluation Upload Folder] (Original hard copy must be retained by the department for reference/auditing).